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EXAMINER	
RINES, ROBERT D	

ART UNIT	PAPER NUMBER
3686	

NOTIFICATION DATE	DELIVERY MODE
01/02/2009	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No.	Applicant(s)	
	10/089,761	ANDERSON ET AL.	
	Examiner	Art Unit	
	R. DAVID RINES	3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *20 November 2008*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1,12,13,15-20,24,26-32,34,36-44,47,53 and 62-80* is/are pending in the application.

4a) Of the above claim(s) *62-66 and 68-72* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1,12,13,15-20,24,26-32,34,36-44,47,53 and 62-80* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Continued Examination Under 37 CFR 1.114

[1] A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 20 November 2008 has been entered.

Notice to Applicant

[2] This communication is in response to the Amendment and Request for Continued Examination (RCE) filed 20 November 2008. Claims 2-11, 14, 21-23, 25, 33, 35, 45, 46, 48-52, and 54-61 have been cancelled. Claims 1, 47, and 67 have been amended. Claims 73-80 have been added. Claims 1, 12, 13, 15-20, 24, 26-32, 34, 36-44, 47, 53, 62-80 are pending.

NOTE: In the amendment filed 20 November 2008, Applicant appears to have amended the preamble of claim 1 without properly identifying the amended/newly added language. While this is technically a non-compliant response, Examiner assumes a typographical error or oversight on the part of Applicant and has addressed the amendments below.

Claim Rejections - 35 USC § 112

[3] Previous rejection of claims1-4, 6-24, and 26-56 rejected under 35 U.S.C. 112, second paragraph, set forth in the Office Action mailed 20 May 2008 are hereby withdrawn.

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

[4] Claims 1, 12-13, 15, 17-18, 20, 24, 26-32, 34, 47, 53, 67, and 73-80 are rejected under 35 U.S.C. 103(a) as being unpatentable over DeLaHuerga (United States Patent #6,408,330) in view of McKinnon et al. (United States Patent #6,190,326).

NOTE: While Examiner maintains that the inhaler is Admitted Prior Art, Examiner has added reference McKinnon et al. in the rejections below.

As per (currently amended) claim 1, DeLaHeurga discloses a system for the remote assessment of a patient's medical condition comprising: a network computer system having specifiable network addresses (DeLaHuerga; col. 10, lines 6-35 and col. 17, lines 38-55); remote from said network computer system, a patient electronic data collection system for locally collecting data relevant to the patient's medical condition (DeLaHuerga; col. 9, lines 5-24 and col. 19, lines 14-55 *see "ICD"); a communicator for wirelessly communicating with an entry point to said network computer system to enable transfer of said data to the network computer system, wherein the data includes a patient identifier(De La Huerga; col. 18, lines 45-59 and col. 34, lines 53-67 *see "patient identification number"); and a secure access gateway permitting access to the data on the network computer system in response to a user authorization command (DeLaHuerga; col. 19, lines 44-56, col. 23, lines 59-67, and col. 24, lines 1-37 *entry of a "password" is considered to be a form of "a user authorization command"); wherein said patient data collection system forms a part of a medicament delivery system that is arranged to collect data when the patient uses the medicament delivery system (DeLaHuerga; col. 9, lines 15-40 *see "IV pump" and "medical container").

Applicant has amended the preamble of claim 1 to further designate the system as "a system for the delivery of respirable medicament and the remote assessment of a patient's respiratory condition..."

Applicant has further amended claim 1 with respect to the "collecting data relevant to the patient's medical condition..." step to further specify: "...collecting data relevant to the patient's

respiratory condition responsive to a sensor of the system which is able to sense the breath of a patient and communicate breath data to the patient electronic data collection system;"

Applicant has further amended claim 1 with respect to the arrangement of the "medicament delivery system" to further specify: "…data collection system forms part of a medicament delivery system that is arranged to provide respirable delivery of medicament to the patient, that is under control of the patient, that includes the sensor and that is arranged to collect data when the patient uses the medicament delivery system.

As per these elements, while DeLaHuerga discloses multiple "smart devices" for monitoring patient respiratory function and the administering medication to a patient automated reporting of drug administering information to the "information collection device" (DeLaHuerga; col. 9, lines 14-40), DeLaHuerga fails to specifically teach a respiratory device/inhaler. Further, DeLaHuerga fails to specifically indicate that the drug delivery device is "under the control" of the patient.

However, as evidenced by McKinnon et al., "smart inhalers" that sense a patient breath, test respiratory functions, and deliver medication, are well known in the remote patient monitoring and treatment art (McKinnon et al.; col. 3, lines 10-21 and lines 45-54).

It would have been obvious to one or ordinary skill in the art to have modified DeLaHuerga to incorporate a "smart" inhaler into system designed to accommodate such devices with the motivation of employing a well known apparatus for accurately collecting information about a patient's respiratory condition from the patient (McKinnon et al.; col. 1, lines 41-45).

Claims 2-11 are cancelled.

As per claim 12, DeLaHuerga discloses a system wherein the secure access gateway is password protected (DeLaHuerga; col. 19, lines 44-56, col. 23, lines 59-67, and col. 24, lines 1-37.

As per claim 13, DeLaHuerga discloses a system wherein the secure access gateway enables different levels of access authorization to the data to be assigned to different authorized users (DeLaHeurga, col. 32, lines 59-66).

Claim 14 is cancelled.

As per claim 15, DeLaHeurga discloses a system wherein information from a patient-remote datasource is made available to the network computer system (DeLaHeurga, col. 33, lines 1-5).

As per claim 17, DeLaHeurga discloses a system wherein the patient-remote datasource comprises a database of prescribable medicaments (DeLaHeurga, col. 46, line 65-col. 47, line 25).

As per claim 18, DeLaHeurga discloses a system wherein the patient electronic data collection system further comprises a patient electronic data management system comprising a memory for storage of data, (DeLaHeurga, col. 17, line 66-col. 18, line 1);a microprocessor for performing operations on said data, (DeLaHeurga, col. 18, lines 10-20); and a transmitter for transmitting a signal relating to the data or the Outcome of an operation on the data, (DeLaHeurgal col. 2, lines 48-55).

As per claim 20, DeLaHeurga discloses a system wherein the communicator enables two-way transfer of data between the network computer system and the patient electronic data management system, (DeLaHeurga, col. 18, lines 15,16).

Claims 21-23 are cancelled.

As per claim 24, DeLaHuerga discloses a system wherein any communicator communicates directly with the network computer system (DeLaHuerga; col. 17, lines 38-67 and col. 18, lines 1-20).

Claim 25 is cancelled.

As per claim 26, DeLaHuerga discloses a system wherein the communicator communicates with the network computer system via a second communications device having telecommunications capability (DeLaHuerga; col. 17, lines 38-67 and col. 18, lines 1-20).

As per claim 27, DeLaHeurga discloses a system wherein the telecommunications device comprises a cellular phone or pager (DeLaHeurga, col. 54, lines 39-41).

As per claim 28, DeLaHeurga discloses a system wherein the communicator communicates with the second communications device using spread spectrum radiofrequency signals (DeLaHeurga, col. 18, lines 45-59).

As per claim 29, DeLaHeurga discloses a system wherein the network computer system comprises a public access network computer system (DeLaHeurga, col. 17, lines 55-65).

As per claim 30, DeLaHeurga discloses a system wherein the network computer system comprises a private access network computer system (DeLaHeurga, col. 17, lines 55-65).

As per claim 31, DeLaHeurga discloses a system wherein the patient-specific network address is selected from the group consisting of a web-site address, an e-mail address and a file transfer protocol address (DeLaHeurga, col. 18, lines 37-44).

As per claim 32, DeLaHuerga discloses a system wherein the patient electronic data management system additionally comprises a data input system for patient input of data to the electronic data management system (DeLaHuerga; col. 20, lines 47-63 *see patient "bracelet").

Claim 33 is cancelled.

As per claim 34, DeLaHeurga discloses a system additionally comprising a display for display of data from the patient electronic data management system to the patient, (DeLaHeurga, col. 17, lines 36-54).

Regarding claims 12-13, 15, 17-18, 20, 24, 26-32, and 34, the statement of obviousness and motivation to combine discussed with regard to claim 1 above are applicable to claims 12-13, 15, 17-18, 20, 24, 26-32, and 34and are herein incorporated by reference.

As per claim 47, DeLaHeurga discloses a method comprising locally collecting data relevant to the patient's medical condition in electronic form (DeLaHuerga; col. 9, lines 5-24 and col. 19, lines 14-55 *see "ICD"); wirelessly communicating with an entrypoint to a remote network computer system to enable transfer of said data to said remote network computer system (DeLaHuerga, col. 7, lines 55-60); and permitting authorized user access to the data on the remote network computer system via a secure access gateway (DeLaHuerga, col. 14, lines 15-27).

Applicant has amended the preamble of claim 47 to specify "A method for delivery of respirable medicament and remotely assessing a patient's respiratory condition comprising the steps of:

Applicant has further amended claim 47 by adding the steps of "providing a patient with a medicament delivery system that provides respirable delivery of medicament to the patient, that is under the control of the patient, and that comprises (i) a sensor to sense the breath of a patient when the patient uses the medicament delivery system, and (ii) a patient electronic data collection system for locally collecting data relevant to the patient's respiratory condition when the patient uses the medicament delivery system in response to the sensor communicating breath data thereto; the patient using the medicament delivery system so that (i) the patient receives the medicament, and (ii) the patient electronic data collection system locally collects data relevant to the patient's medical condition in electronic form in response to the sensor communicating breath data thereto;"

While DeLaHuerga discloses multiple "smart devices" for the administering medication to a patient and further DeLaHuerga discloses automated reporting of drug administering information to the "information collection device" (DeLaHuerga; col. 9, lines 14-40), DeLaHuerga appears to be focused on physician directed drug administration and thus fails to specifically indicate that the drug delivery device is "under the control" of the patient.

However, as evidenced by McKinnon et al., "smart inhalers" that sense a patient breath, test respiratory functions, and deliver medication, and communicate data are well known in the remote patient monitoring and treatment art (McKinnon et al.; col. 3, lines 10-21 and lines 45-67 and col. 4, lines 1-35).

It would have been obvious to one or ordinary skill in the art to have modified DeLaHuerga to incorporate a "smart" inhaler into system designed to accommodate such devices with the motivation of employing a well known apparatus for accurately collecting information about a patient's respiratory condition from the patient (McKinnon et al.; col. 1, lines 41-45).

Claims 48-52 have been cancelled.

As per claim 53, DeLaHeurga discloses a method comprising permitting different levels of access to the data to different authorized users (DeLaHeurga, col. 32, lines 59-66).

Claims 54-56 have been cancelled.

Regarding claim 53, the statements of obviousness and motivation to combine as discussed with regard to claim 47 above are applicable to claims 53 and are herein incorporated by reference.

Claims 57-61 have been cancelled.

Claims 62-66 have been withdrawn from consideration.

As per claim 67, a system for the remote assessment of a patient's medical condition comprising a network computer system having specifiable network addresses (DeLaHuerga; col. 10, lines 6-35 and col. 17, lines 38-55); remote from said network computer system, a patient electronic data collection system for locally collecting data relevant to the patient's medical condition (DeLaHuerga; col. 9, lines 5-24 and col. 19, lines 14-55 *see "ICD"); a communicator for wirelessly communicating with an entry point to said network computer system to enable transfer of said data to the network computer system, wherein the data includes a patient identifier(DeLaHuerga; col. 18, lines 45-59 and col. 34, lines 53-67 *see "patient identification number"); and a secure access gateway permitting access to the data on the network computer system in response to a user authorization command (DeLaHuerga; col. 19, lines 44-56, col. 23, lines 59-67, and col. 24, lines 1-37 *entry of a "password" is considered to be a form of "a user authorization command"); wherein the patient electronic data collection system forms part of a

medicament delivery system and is arranged to collect data when the patient uses the medicament delivery system (DeLaHuerga; col. 9, lines 14-40).

Claim 67 has been amended to mirror the amendments to claim 1 and is accordingly rejected for the same reasons and statements of obviousness and motivation to combine as presented for currently amended claim 1.

Claims 68-72 have been withdrawn from consideration.

Regarding newly added claims 73-80, DeLaHuerga fails to disclose the recited elements when the system is configured with an inhaler device.

However, regarding claims 73 and 77, McKinnon et al. disclose a system wherein the communicator is in the medicament delivery device. (McKinnon et al.; Fig.1 item 26- data device on inhaler is considered to be a part of the communicator).

Regarding claims 74 and 78, McKinnon et al. disclose a system wherein the communicator is integral with the patient electronic data collection system (McKinnon et al.; Fig.1 item 16/22 – docking station).

Regarding claims 75 and 79, McKinnon et al. disclose a system wherein the medicament delivery system is a hand-held inhaler device (McKinnon et al.; Fig. 1-inhaler).

Regarding claims 76 and 80, McKinnon et al. disclose a method wherein the device is a metered dose inhaler comprising an aerosol container in which medicament is contained (McKinnon et al.; col. 7, lines 35-55 *see dose properly administered).

Regarding claims 73-80, the obviousness and motivation to combine as discussed with regard to claim1 above are applicable to claims 73-80 and are herein incorporated by reference.

[5] Claims 35-46 are rejected under 35 U.S.C. 103(a) as being anticipated by DeLaHuerga, (U.S. 6,408,330), in view of Admitted Prior Art.

As per claims 36-46, as noted in the previous Office Action, Applicant has failed to seasonably travers Examiner's Official Notice taken in the Office Action mailed 7 March 2007. Accordingly, the below noted limitations are hereinafter considered Admitted Prior Art.

Claim 35 is cancelled.

As per claim 36, DeLaHeurga fails to disclose a system wherein said sensor comprises a breath-movable element which is movable in response to the breath of a patient. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga

(DeLaHeurga, col. 17, lines 36-54).

As per claim 37, DeLaHeurga fails to disclose a system wherein said breath- movable element is selected from the group consisting of a vane, a sail, a piston and an impeller. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54)..

As per claim 38, DeLaHeurga fails to disclose a system wherein the sensor comprises a pressure sensor for sensing the pressure profile associated with the breath of a user. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 39, DeLaHeurga fails to disclose a system wherein the sensor comprises an airflow sensor for sensing the airflow profile associated with the breath of a user. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 40, DeLaHeurga fails to disclose a system wherein the sensor comprises a temperature sensor for sensing the temperature profile associated with the breath of a user.

However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 41, DeLaHeurga fails to disclose a system wherein the sensor comprises a moisture sensor for sensing the moisture profile associated with the breath of a user. However, such a feature is well-known in the art of ventilators, IV pumpsl and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga, (DeLaHeurga, col. 17, lines 36-54).

As per claim 42, DeLaHeurga fails to disclose a system wherein the sensor comprises a gas sensor for sensing the oxygen or carbon dioxide profile associated with the breath of a user. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per Claim 43, DeLaHeurga fails to disclose a system wherein said breath data includes breath cycle data. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 44, DeLaHeurga fails to disclose a system wherein said breath data includes peak flow data. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 45, DeLaHeurga fails to disclose a system for the remote assessment of a patient's cardiovascular condition additionally comprising a sensor which senses the cardiovascular activity of a patient, wherein the sensor communicates cardiovascular data to the electronic data collection system. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

As per claim 46, DeLaHeurga fails to disclose a system wherein said sensor measures the blood pressure of the patient. However, such a feature is well-known in the art of ventilators, IV pumps, and other remote patient monitoring and treatment devices and therefore would have been obvious to incorporate into DeLaHeurga (DeLaHeurga, col. 17, lines 36-54).

[7] **Claims 16 and 19 are rejected under 35 U.S.C. 103(a) as being unpatentable over DeLaHeurga, (U.S. 6,408,330), in view of McKinnon et al. (United States Patent #6,190,326) as applied to claim 1 above, and further in view of Thompson, (U.S. 6,083,248).**

Claim 8 is cancelled.

It would have been obvious to one of ordinary skill in the art a t the time of the invention to combine DeLaHeurga and Thompson. The motivation would have been to enhance the ability of the medical system to find patients and get reports on patient and medical device status, and update medical device programming, (Thompson, Abstract).

As per claim 16, DeLaHeurga and McKinnon et al. fail to disclose a system wherein the patient-remote datasource comprises data relating to ambient environmental conditions.

However, such a feature is well-known in the art as evidenced by Thompson, (Thompson, Abstract).

It would have been obvious to one of ordinary skill in the art at the time of the invention to incorporate the teachings of Thompson into the combination that includes DeLaHuerga and McKinnon et al. with the motivation of enhancing the ability of the medical system to find

patients and get reports on patient and medical device status, and update medical device programming, (Thompson, Abstract).

As per claim 19, DeLaHeurga and McKinnon et al fail to disclose a system wherein said patient electronic data management system additionally comprises a geographic positioning system.

However, such a feature is well-known in the art as evidenced by Thompson, (Thompson, Abstract).

It would have been obvious to one of ordinary skill in the art at the time of the invention to incorporate the teachings of Thompson into the combination that includes DeLaHuerga and McKinnon et al. with the motivation of enhancing the ability of the medical system to find patients and get reports on patient and medical device status, and update medical device programming, (Thompson, Abstract).

Response to Remarks/Amendment

[8] Applicant's remarks filed 20 November 2008 are moot in view of newly added reference McKinnon et al.

Examiner maintains that the features of claim 36-46 are properly considered Admitted Prior Art due to Applicant's failure to seasonably traverse Examiner's Office Notice taken in the Office Action mailed 21 November 2007. However, as noted above, Examiner has added reference McKinnon et al. which discloses the features of claims 36-46.

Conclusion

[9] **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to R. DAVID RINES whose telephone number is (571)272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, GERALD J. O'CONNOR can be reached on 571-272-6787. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. DAVID RINES/
Examiner, Art Unit 3686